

ATTACHMENT 12
CONTRACTOR and RESELLER INFORMATION
(for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	Arconas Corporation
Address (from first page of bid):	5700 Keaton Crescent Mississauga ON Canada L5R 3H5
Company Website:	www.arconas.com
Federal ID #:	98-1365220
NYS Vendor ID #:	1100021809
Contract Administrator Name:	Sherry Martin
Title:	Sales Manager
Email:	smartin@arconas.com
Phone:	905-272-7675
Toll Free Phone:	1800-387-9496

SALES/BILLING (if different from above)	
Contact Name:	Mynor Ovando
Title:	Asst. controller
Address:	As above
Email:	movando@arconas.com
Phone:	905-272-0727 x307
Toll Free Phone:	8003879496

EMERGENCIES	
Contact Name:	Sherry Martin
Title:	Sales Manager
Address:	5700 Keaton Crescent Mississauga Ontario Canada L5R 3H5
Email:	smartin@arconas.com
Phone:	905-272-7675
Cell Phone:	416-985-1058

RESELLER INFORMATION	
Company Name:	Alianza Services LLC
Address:	74 N. Broadway New York NY 10010
Federal ID #:	33-1140326
NYS Vendor ID #:	1100044344
Contact Name:	Dawn Cannon
Title:	VP Sales
Email:	dcannon@alianza.com
Hours of Availability:	9am To 5pm
Phone:	845-675-7337
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment *
Restrictions Applicable to this Reseller (if any):	

*If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

RESELLER INFORMATION	
Company Name:	Arenson Office Furnishings Inc.
Address:	1115 Broadway 6 th floor New York NY 10010
Federal ID #:	13-3176355
NYS Vendor ID #:	1000012985
Contact Name:	Sue Marowitz
Title:	VP of Operations
Email:	smarowitz@aof.com
Hours of Availability:	9:00 – 5:00
Phone:	(212) 633 - 2400
MWBE and/or SDVOB Certification:	NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment *
Restrictions Applicable to this Reseller (if any):	All PO's to be submitted to Arconas

*If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID